

WAC 246-976-530 Trauma service designation--Administration and organization.

		LEVELS				
A facility with a designated trauma service must have:		I	II	III	IV	V
(1)	A written scope of trauma service for both adult and pediatric trauma patients consistent with chapter 246-976 WAC, community needs and the approved regional plan. The written scope of trauma service must delineate the resources and capabilities available for trauma patient care twenty-four hours every day;	X	X	X	X	X
(2)	A trauma service director responsible for organization and direction of the trauma service. The director must be:	X	X	X	X	X
(a)	A general surgeon with special competence in care of the injured. The director may delegate duties to another surgeon (or for level II & III another physician with special competence in care of the injured), but the director must maintain responsibility for the trauma service;	X	X	X		
(b)	A general surgeon, or a physician with special competence in the care of the injured;				X	
(c)	A physician, physician assistant, or advanced registered nurse practitioner;					X
(3)	A trauma service coordinator responsible for ongoing coordination of the trauma service. The coordinator must be a registered nurse with special competence in the care of the injured (for level V clinics the coordinator is not required to be a registered nurse);	X	X	X	X	X
(4)	A multidisciplinary trauma committee chaired by the trauma service director with membership that reflects your written scope of trauma service. The multidisciplinary committee must have responsibility and authority for establishing and changing trauma care policy and procedure and for conducting the trauma service quality improvement program in accordance with WAC 246-976-881;	X	X	X	X	X
(5)	A full trauma team to provide initial evaluation, resuscitation and treatment. The full trauma team must include:	X	X	X	X	
(a)	A general surgeon with special competence in care of the injured, who organizes and directs the team and assumes responsibility for coordination of overall care of the trauma patient. (For levels I and II - the surgeon must be at least a postgraduate year four resident);	X	X	X		
(b)	A general surgeon if general surgery services are included in your written scope of trauma service or a physician who has specific delineation of surgical privileges by the medical staff for resuscitation, stabilization and treatment of trauma patients. The surgeon or physician with surgical privileges organizes and directs the team and assumes responsibility for coordination of overall care of the trauma patient;				X	
(c)	An emergency physician who is responsible for providing team leadership and care for the trauma patient until the arrival of the general surgeon in the resuscitation area;	X	X	X		

		LEVELS				
A facility with a designated trauma service must have:		I	II	III	IV	V
(d)	An emergency physician or a physician with special competence in resuscitation, care and treatment of trauma patients who is responsible for providing team leadership and care for the trauma patient until the arrival of the general surgeon or physician with surgical privileges;				X	
(e)	The trauma service must identify all other members of the team to reflect your written scope of trauma service;	X	X	X	X	
(6)	A trauma team to provide initial evaluation, resuscitation and treatment. The team must include:					X
(a)	A physician, physician assistant, or advanced registered nurse practitioner;					X
(b)	The trauma service must identify all other members of the team to reflect your written scope of trauma service;					X
(7)	A method and criteria for activating the trauma team consistent with WAC 246-976-870 and your written scope of trauma service;	X	X	X	X	X
(8)	A written policy and procedures to divert patients to other designated trauma care services when the facility's resources are temporarily unavailable for trauma patient care. The policy must include:	X	X	X	X	
(a)	The facility and/or patient criteria used to decide when to divert a trauma patient;	X	X	X	X	
(b)	A process to coordinate trauma patient diversions with other area trauma services and prehospital agencies;	X	X	X	X	
(c)	A method for documenting trauma patient diversions, including: Date, time, duration, reason, and decision maker;	X	X	X	X	
(9)	Interfacility transfer guidelines and agreements consistent with your written scope of trauma service and consistent with WAC 246-976-890;	X	X	X	X	X
(10)	A heli-stop, landing zone or airport located close enough to permit the facility to receive or transfer patients by fixed-wing or rotary-wing aircraft;	X	X	X		
(11)	A plan addressing receipt and transfer of patient by fixed-wing and rotary-wing aircraft;				X	X
(12)	Participation in the state trauma registry as required in WAC 246-976-430, with a person identified as responsible for coordination of trauma registry activities;	X	X	X	X	X
(13)	A quality assurance program conducted by the multidisciplinary committee and consistent with WAC 246-976-881;	X	X	X	X	X
(14)	Participation in the regional quality assurance program in accordance with WAC 246-976-910.	X	X	X	X	X